

From:CITY OF PLATTE WOODS

816 741 4261

06/02/2009 16:36 #027 P.001/006

BREATH ALCOHOL PROGRAM



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
CMI INTOXILYZER 5000 MAINTENANCE REPORT

JUN -3 2009

DHSS STATE HEALTH L

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; Retain original in department file.

INTOXILYZER 5000 SN 66-00-0845	DATE OF INSPECTION 06-02-09
LOCATION OF INSTRUMENT (STREET AND CITY) 6750 Tower Drive Platte Woods	TIME OF INSPECTION 1608

CHECKLIST

Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

- DVM TEST: (.350 ± .150) .280 Passed
- DIAGNOSTIC CHECK (PRINTOUT ATTACHED) Passed
- CHARACTER DISPLAY TEST Passed
- PRINT TEST (PRINTOUT ATTACHED) Passed
- TIME AND DATE Passed
- CALIBRATION CHECK — Passed
Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (USE CAL. CHECK MODE) (PRINTOUT ATTACHED)
- 0.100% STANDARD — MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
- 0.040% STANDARD — MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE
(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1 <u>.101</u>	TEST 2 <u>.100</u>	TEST 3 <u>.101</u>
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- SIMULATOR TEMPERATURE (34° ± .2°C) 34.0 C
- PERFORM RFI TEST (PRINTOUT ATTACHED)
- NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF SUBJECT BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)

REFUSALS	0-04	.05-.09	.10-.14	.15-.19	Over .19
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

Guth, 10 Lot #. 08340

INSPECTING OFFICER

SIGNATURE

TYPE II PERMIT NUMBER/EXPIRATION DATE

820041 EXP 08-07-10

PRINT NAME

TELEPHONE NUMBER

816-741-6088

**GUTH LABORATORIES, INC.**

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS**Certified Alcohol Reference Solution for Simulator**

Random Samples of Lot Number **08340** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain **0.1211** percent (w/vol) ethyl alcohol. The expiration date for this lot number is **October 15, 2009** at **11:59 PM**.

When used in a calibrated Simulator, operating at **34°C +/- .2°C**, this solution will give a breath alcohol analysis instrument reading of **0.10** percent BAC.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

THIS SIDE UP THIS EDGE IN FORM NUMBER 016010

SH 66-082865
E/35, 23
INVALID TEST
INHIBITED - RFI

66/02/2009
16:35

THIS SIDE UP THIS EDGE IN FORM NUMBER 016010

PLATTEWOODS POLICE DEPT
INTOXICYZER - ALCOHOL ANALYZER
BY RUDDER 50004 SH 66-082865
06/02/2009

SUB NAME=B, B- E
SEX=M DOB =12/12/69
DRIV LIC=NOV 1234567
OFF 1. LAST=LANGLEY
OFFICER ID=762
OPER. LAST=LANGLEY
OPERATOR ID=762
PERMIT=820041 EXPIRE=02/02/14
ACCIDENT (Y/N)=N
MISC. DATA=

TEST	XBAL	TIME
AIR BLANK	.000	16:32
SUBJECT TEST	REFUSED	16:32
AIR BLANK	.000	16:32

NO RFI PRESENT

SUBJECT'S NAMETIME FIRST OBSERVEDINSTRUMENT LOCATION

Richard Snyder
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

SUBJECT'S NAMETIME FIRST OBSERVEDINSTRUMENT LOCATION

Richard Snyder
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

PLATTEWOODS POLICE DEPT.
INTOXILYZER - ALCOHOL ANALYZER
MO MODEL 5000 SN 66-002845
06/02/2009

DIAGNOSTIC TEST 16:29

PROM CHECK E735, 23 PASSED
RAM CHECK PASSED
TEMP CHECK PASSED
PROCESSOR CHECK
 SYNC PULSE PASSED
 SYNC SPEED PASSED
 NES STABILITY PASSED
 POS STABILITY PASSED
 REF RANGE PASSED

DIAGNOSTIC PASSED

PRINTER CHECK
ABCDEFGHIJKLMNPQRSTUVWXYZ
0123456789

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

Ricard Lonsley
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

Ricard Lonsley
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

THIS SIDE UP THIS EDGE IN FORM NUMBER 015010

PLATTEWOODS POLICE DEPT.
INTOXILYZER - ALCOHOL ANALYZER
MO MODEL 5000 SN 66-002945
06/02/2009

TEST	XBAO	TIME
AIR BLANK	.000	16:31
CAL. CHECK	.101	16:32
AIR BLANK	.000	16:32
CAL. CHECK	.100	16:33
AIR BLANK	.000	16:33
CAL. CHECK	.101	16:33
ATR BLANK	.000	16:34

NO RFI PRESENT

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

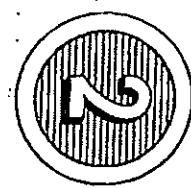
Riedel Derby
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



RICHARD LANGLEY

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

INTOXILYZER 5000

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 02/07/08

Number 820041

Expires 02/07/2010

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-98)

MO 580-0771 (7-98)